

, Anna

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: Duncan Hamilton <hamiltongeologicalservices@gmail.com>  
: Monday, January 04, 2016 10:03 AM  
Miller, Anna  
'Peter Bilodeau'  
**Subject:** RE: Energex Application for Lanphar 1-12, (EPA UIC draft # MI-125-2R-0003)  
**Attachments:** Energex\_Bonding.pdf

Hi Anna:

Please find attached the bond documents. Note the bonding was done in 2 phases. First phase a total of \$125,000 was posted for:

Lanphar 1-12  
Lanphar 2-12  
Lanphar 3-12  
Lanphar 7-12  
Morris 4-12

Then the second phase was in 2014 and the bond was topped up to \$250,000 full blanket bond to cover an additional four wells:

Stolz 2-24  
Marcinkiewicz 2-24  
Ross Unit 1-31  
Jones Unit 1-30.

Hopefully this is what you are after. I apologize for the poor scanning on some of the pages.

Regards

Duncan

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**From:** Miller, Anna [mailto:miller.anna@epa.gov]  
**Sent:** December-22-15 12:58 PM  
**To:** Duncan Hamilton  
**Subject:** RE: Energex Application for Lanphar 1-12, (EPA UIC draft # MI-125-2R-0003)

Duncan:

I received the additional information of the Lanphar 1-12 on 11/25/15 well. Part of EPA's review involves assessing potential impacts to sites of historical significance. Therefore, as part of the process, EPA send a routine request for information to the State Historical Preservation Office (SHPO) in Michigan. We generally receive a response from the SHPO in 4-6 weeks.

On another matter, EPA asked for a copy of the State bond that Energex is using for financial assurance for the cost of plugging. The original application included only a screenshot of a bond page, apparently from a Michigan agency system. Your additional information included the same screenshot page. EPA needs a copy of the actual bond

document, however, as signed by the Guarantor and the State /Company as appropriate. A computer screen shot is not sufficient for our records.

Please call me if you have any questions. After today, I will be out of the office until December 30.

Best regards,

Anna

Anna Miller | *Environmental Scientist* | *UIC Branch* | *EPA Region 5* | 312-886-7060

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**From:** Duncan Hamilton [<mailto:hamiltongeologicalservices@gmail.com>]  
**Sent:** Monday, October 26, 2015 11:58 AM  
**To:** Miller, Anna <[miller.anna@epa.gov](mailto:miller.anna@epa.gov)>  
**Subject:** RE: Energex Application for Lanphar 1-12, (EPA UIC draft # MI-125-2R-0003)

Hi Anna:

Most appreciate your update.

Regards

Duncan

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**From:** Miller, Anna [<mailto:miller.anna@epa.gov>]  
**Sent:** October-26-15 12:51 PM  
**To:** Duncan Hamilton  
**Subject:** RE: Energex Application for Lanphar 1-12, (EPA UIC draft # MI-125-2R-0003)

Good morning, Duncan:

We have in fact requested some additional information via letter to your company. We tend to request information via mail if the additional information we need requires authorized company signatures or is financial in nature. You may not have yet received the letter – we send it via certified return receipt, and I haven't received the receipt yet – but here is a pdf copy. If you have any questions, please email or call me.

Best regards,

Anna

Anna Miller  
Environmental Scientist  
Underground Injection Control Branch  
U.S. EPA Region 5 (WU-16J)  
77 W. Jackson  
Chicago, IL 60604  
(312) 886-7060



## MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - OFFICE OF GEOLOGICAL SURVEY

## REQUEST FOR TRANSFER OF PERMIT

Required by authority of Part 615 Supervisor of Wells or Part 625 Mineral Wells, Act 451 PA 1994 as amended. Non-submission and/or falsification of this information may result in fines and/or imprisonment.

☒ Part 615 Oil/Gas Well☐ Part 625 Mineral Well

|  |                  |                                      |
|--|------------------|--------------------------------------|
| Permit number<br>32579   | Well type<br>Oil | Current true vertical depth<br>4318' |
| Well name and number<br>Morris 4-12                            |                  |                                      |
| Surface location<br>NW 1/4 SE 1/4 NE 1/4 Section 12 T 5N R 11E |                  |                                      |
| Township<br>Addison  |                  | County<br>Oakland                    |

NOTE: Eligibility for permits is conditioned upon compliance with the statutes, rules and orders of the Department of Environmental Quality. Permits shall not be transferred to persons not in compliance. A permit for a well shall not be transferred if the permittee is under notice because of unsatisfactory conditions at the well site until compliance is achieved. The acquiring permittee shall attach a current Organization Report (EQP 7200-13). This permit does not convey property rights in either real estate or material nor does it authorize any injury to private property or invasion of private or public rights nor does it waive the necessity of seeking federal and local permits or complying with other state statutes.

## TRANSFER OF A PERMIT FROM:

|   |                                  |
|---|----------------------------------|
| Name(s) of Selling Permittee(s)<br>Onco Petroleum USA, Inc.   | Fed. I.D.# or S.S.#<br>134280793 |
| Address: Number and Street, City or Town, State, ZIP Code Telephone<br>301 E. First Street., Ste. 300, Imlay City, MI 4844-1311 |                                  |
| All permits rights and responsibilities are discharged by:  |                                  |
| Permittee   | Authorized representative name   |
| Permittee   | Authorized representative name   |
| Permittee   | Authorized representative name   |

## TRANSFER OF A PERMIT TO:

|  |  |
|--|--|
| Name(s) of Acquiring Permittee(s):<br>Energen Petroleum (USA) LLC  | Fed. I.D.# or S.S.#<br>98-1088967                |
| Address: Number and Street, City or Town, State, ZIP Code Telephone<br>106 East Ash. Mason. Michigan. 48854  |  |
| (We are) (I am) an owner or authorized representative of the owner of the well under this permit and assume full responsibility for the drilling, operation, and abandonment in conformity with the law, regulations and orders. |  |
| BOND: <input checked="" type="checkbox"/> Single Well <input type="checkbox"/> Attached <input type="checkbox"/> Blanket <input type="checkbox"/> On File <input type="checkbox"/> Statement of Financial Responsibility         |  |
| Surety or Bank <u>Comerica Bank</u> Bond Number <u>3851-1126283-9</u> Amount <u>\$25,000.00</u>  |  |
| All permittee rights and responsibilities are assumed by:  |  |
| Energen Petroleum (USA) LLC<br>Permittee   | Peter Bilodeau<br>Authorized representative name |
| Permittee  | Authorized representative name                   |
| Permittee  | Authorized representative name                   |

## FOR DEPARTMENT OF ENVIRONMENTAL QUALITY USE ONLY

|                       |                       |   |
|-----------------------|-----------------------|---|
| Approved<br>Signature | Date <u>2/19/2013</u> | Distribution by DEQ<br><input type="checkbox"/> Lansing <input type="checkbox"/> Selling Owner<br><input type="checkbox"/> Field <input type="checkbox"/> Acquiring Owner |
|-----------------------|-----------------------|---|



## ACCEPTANCE OF CERTIFICATE OF DEPOSIT AS SINGLE WELL CONFORMANCE BOND

By authority of Part 615, Supervisor of Wells, Act 451 PA 1994, as amended.

## CERTIFICATE OF DEPOSIT REQUIREMENTS FOR OIL WELL BONDS

To the financial institution: The financial institution will supply its own Certificate of Deposit (CD). By signature below, the bank's issuing officer certifies that the Certificate has been issued according to the following requirements:

1. The CD must be in the sole name of: State of Michigan, Supervisor of Wells, Department of Environmental Quality. No other name may be connected with the certificate as beneficiary, payee, in care of, joint tenant, etc.
2. The account should show the State of Michigan Federal Tax Identification Number 38-6000134 and no other.
3. In order to comply with the USA Patriot Act, authorized delegates of the Supervisor of Wells can sign and return signature cards or account cards if delivered to them. However, Department employees cannot furnish their Social Security number. An alternative identification number such as employee identification number must be utilized. The customer shall not sign signature cards or account cards.
4. The maturity date shall not be less than one (1) year. The certificate shall be automatically renewable.
5. Interest must be paid by check at maturity. The interest will be returned to the permittee by the Department.
6. The Department will report interest earned on the certificate to the IRS under the applicant's Federal ID Number.
7. Your financial institution must provide 1099-INT for interest earned on this certificate. All statements should be sent to the address below.
8. The Department of Environmental Quality is the sole beneficiary of the account. Redemption and disposition is to be authorized exclusively by the Department through written instructions on Department letterhead.
9. All customer documents relating to the CD should be provided to the Department.
10. Questions regarding these requirements may be directed to the Permitting and Compliance Unit at (517) 241-1528.

## FINANCIAL INSTITUTION CERTIFICATION

3851-1120352-2

"I state that Certificate of Deposit # \_\_\_\_\_ issued by \_\_\_\_\_

Comerica Bank

\_\_\_\_\_ has been issued according to the instructions listed above."

Issuing officer's name Sharon R Taylor  
Title Vice President  
Signature Sharon R Taylor  
Date 02/12/13

Address of financial institution \_\_\_\_\_

## ACCEPTANCE OF CERTIFICATE OF DEPOSIT AS CONFORMANCE BOND

To the permittee: Fill in the blanks below with the permittee's name, Certificate of Deposit (CD) number, CD amount, bank name, and well name and number. Sign and date where indicated. By signature below, the parties accept the following agreement:

It is agreed between the State of Michigan, Department of Environmental Quality and ENERGEX  
PETROLEUM (USA) LLC hereafter the permittee, that Certificate of,  
Deposit # 385111203522 in the amount of \$ 25,000, issued by COMERICA

BANK in the name of and for the benefit of the State of Michigan,  
Supervisor of Wells, Department of Environmental Quality, is accepted as a conformance bond required by PART 615  
SUPERVISOR OF WELLS, 1994 PA 451, as amended, Section 324.61506(p) for the well known as PERMIT #39257

LANPARR, MELVIN F. 7-12 and shall be available to the State of Michigan for all purposes for which the  
bond is required. It is the express intent of the parties that the Certificate of Deposit is a substitute for the filing of a  
conformance bond. It is further agreed that the Certificate of Deposit is subject to forfeiture, claim or return in like  
manner as a conformance bond. The permittee retains the right to any and all interest accruing to the Certificate of  
Deposit.

|   |  |
|---|--|
| Permittee                                       | Michigan Department of Environmental Quality |
| By <u>[Signature]</u> Date <u>Feb 12/13</u>     | By <u>[Signature]</u> Date <u>2/19/13</u>    |
| Permittee's Authorized Signature                | DEQ Authorized Signature                     |
| Permittee's Federal ID Number <u>98-1088967</u> |  |

Enclose with CD and submit to: Office of Oil, Gas, and Minerals, Michigan Department of Environmental Quality,  
P.O. Box 30255, Lansing, MI 48909-7756.



## MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - OFFICE OF GEOLOGICAL SURVEY

## REQUEST FOR TRANSFER OF PERMIT

Required by authority of Part 615 Supervisor of Wells or Part 625 Mineral Wells, Act 451 PA 1994 as amended. Non-submission and/or falsification of this information may result in fines and/or imprisonment.

☒ Part 615 Oil/Gas Well☐ Part 625 Mineral Well

|  |                  |                                      |
|--|------------------|--------------------------------------|
| Permit number<br>32168   | Well type<br>Oil | Current true vertical depth<br>4339' |
| Well name and number<br>Lanphar, Melvin F 1-12                 |                  |                                      |
| Surface location<br>NW 1/4 SW 1/4 SE 1/4 Section 12 T 5N R 11E |                  |                                      |
| Township<br>Addison  |                  | County<br>Oakland                    |

NOTE: Eligibility for permits is conditioned upon compliance with the statutes, rules and orders of the Department of Environmental Quality. Permits shall not be transferred to persons not in compliance. A permit for a well shall not be transferred if the permittee is under notice because of unsatisfactory conditions at the well site until compliance is achieved. The acquiring permittee shall attach a current Organization Report (EQP 7200-13). This permit does not convey property rights in either real estate or material nor does it authorize any injury to private property or invasion of private or public rights nor does it waive the necessity of seeking federal and local permits or complying with other state statutes.

## TRANSFER OF A PERMIT FROM:

|  |                                  |           |      |
|--|----------------------------------|-----------|------|
| Name(s) of Selling Permittee(s)<br>Onco Petroleum USA, Inc.  | Fed. I.D.# or S.S.#<br>134280793 |           |      |
| Address: Number and Street, City or Town, State, ZIP Code Telephone<br>301 E. First St., Ste. 300, Imlay City, MI 48444-1311 |                                  |           |      |
| All permits rights and responsibilities are discharged by:   |                                  |           |      |
| Permittee  | Authorized representative name   | Signature | Date |
| Permittee  | Authorized representative name   | Signature | Date |
| Permittee  | Authorized representative name   | Signature | Date |

## TRANSFER OF A PERMIT TO:

|  |  |               |                   |
|--|--|---------------|-------------------|
| Name(s) of Acquiring Permittee(s):<br>Energen Petroleum (USA) LLC  | Fed. I.D.# or S.S.#<br>98-1088967                |               |                   |
| Address: Number and Street, City or Town, State, ZIP Code Telephone<br>106 East Ash. Mason. Michigan. 48854  |  |               |                   |
| 519-252-1800   |  |               |                   |
| (We are) (I am) an owner or authorized representative of the owner of the well under this permit and assume full responsibility for the drilling, operation, and abandonment in conformity with the law, regulations and orders. |  |               |                   |
| BOND: <input checked="" type="checkbox"/> Single Well <input type="checkbox"/> Attached Surety or Bank Comerica Bank   |  |               |                   |
| <input checked="" type="checkbox"/> Blanket <input type="checkbox"/> On File Bond Number 3851-1120282 Amount 25,000.00   |  |               |                   |
| <input type="checkbox"/> Statement of Financial Responsibility   |  |               |                   |
| All permittee rights and responsibilities are assumed by:  |  |               |                   |
| Energen Petroleum (USA) LLC<br>Permittee   | Peter Bilodeau<br>Authorized representative name | <br>Signature | 2/19/2013<br>Date |
| Permittee  | Authorized representative name                   | Signature     | Date              |
| Permittee  | Authorized representative name                   | Signature     | Date              |

## FOR DEPARTMENT OF ENVIRONMENTAL QUALITY USE ONLY

|          |                   |   |
|----------|-------------------|---|
| Approved | 2/19/2013<br>Date | Distribution by DEQ<br><input type="checkbox"/> Lansing <input type="checkbox"/> Selling Owner<br><input type="checkbox"/> Field <input type="checkbox"/> Acquiring Owner |
|----------|-------------------|---|



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - OFFICE OF OIL, GAS, AND MINERALS

## ACCEPTANCE OF CERTIFICATE OF DEPOSIT AS SINGLE WELL CONFORMANCE BOND

By authority of Part 615, Supervisor of Wells, Act 451 PA 1994, as amended.

### CERTIFICATE OF DEPOSIT REQUIREMENTS FOR OIL WELL BONDS

To the financial institution: The financial institution will supply its own Certificate of Deposit (CD). By signature below, the bank's issuing officer certifies that the Certificate has been issued according to the following requirements:

1. The CD must be in the sole name of: State of Michigan, Supervisor of Wells, Department of Environmental Quality. No other name may be connected with the certificate as beneficiary, payee, in care of, joint tenant, etc.
2. The account should show the State of Michigan Federal Tax Identification Number 38-6000134 and no other.
3. In order to comply with the USA Patriot Act, authorized delegates of the Supervisor of Wells can sign and return signature cards or account cards if delivered to them. However, Department employees cannot furnish their Social Security number. An alternative identification number such as employee identification number must be utilized. The customer shall not sign signature cards or account cards.
4. The maturity date shall not be less than one (1) year. The certificate shall be automatically renewable.
5. Interest must be paid by check at maturity. The interest will be returned to the permittee by the Department.
6. The Department will report interest earned on the certificate to the IRS under the applicant's Federal ID Number.
7. Your financial institution must provide 1099-INT for interest earned on this certificate. All statements should be sent to the address below.
8. The Department of Environmental Quality is the sole beneficiary of the account. Redemption and disposition is to be authorized exclusively by the Department through written instructions on Department letterhead.
9. All customer documents relating to the CD should be provided to the Department.
10. Questions regarding these requirements may be addressed to Permits and Bonding Unit at (517) 241-1528.

### FINANCIAL INSTITUTION CERTIFICATION

"I state that Certificate of Deposit # 3851-1120282-1, issued by Comerica Bank, has been issued according to the instructions listed above."

Issuing officer's name Sharon R Taylor

Address of financial institution

Title Vice President

Signature

*Sharon R Taylor*

Date

02/12/13

### ACCEPTANCE OF CERTIFICATE OF DEPOSIT AS CONFORMANCE BOND

To the permittee: Fill in the blanks below with the permittee's name, Certificate of Deposit (CD) number, CD amount, bank name, and well name and number. Sign and date where indicated. By signature below, the parties accept the following agreement:

It is agreed between the State of Michigan, Department of Environmental Quality and ENERGEX  
PETROLEUM (USA) LLC hereafter the permittee, that Certificate of,

Deposit # 385111202821 in the amount of \$ 25,000, issued by COMERICA  
BANK

in the name of and for the benefit of the State of Michigan, Supervisor of Wells, Department of Environmental Quality, is accepted as a conformance bond required by PART 615 SUPERVISOR OF WELLS, 1994 PA 451, as amended, Section 324.61506(p) for the well known as PERMIT #32168

LAN PHAR, Melvin F. 1-12 and shall be available to the State of Michigan for all purposes for which the bond is required. It is the express intent of the parties that the Certificate of Deposit is a substitute for the filing of a conformance bond. It is further agreed that the Certificate of Deposit is subject to forfeiture, claim or return in like manner as a conformance bond. The permittee retains the right to any and all interest accruing to the Certificate of Deposit.

Permittee

By

Permittee's Authorized Signature

Date Feb 12/13

Michigan Department of Environmental Quality

By

DEQ Authorized Signature

Date 2/19/13

Permittee's Federal ID Number 98-1088967

Enclose with CD and submit to: Office of Oil, Gas, and Minerals, Michigan Department of Environmental Quality, P.O. Box 30256, Lansing, MI 48909-7756.



## MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - OFFICE OF GEOLOGICAL SURVEY

## REQUEST FOR TRANSFER OF PERMIT

Required by authority of Part 615 Supervisor of Wells or Part 625 Mineral Wells, Act 451 PA 1994 as amended. Non-submission and/or falsification of this information may result in fines and/or imprisonment.

☒ Part 615 Oil/Gas Well☐ Part 625 Mineral Well

|  |                  |                                      |
|--|------------------|--------------------------------------|
| Permit number<br>32366   | Well type<br>Oil | Current true vertical depth<br>4415' |
| Well name and number<br>Lanphar, Melvin F 2-12                 |                  |                                      |
| Surface location<br>NW 1/4 NW 1/4 SE 1/4 Section 12 T 5N R 11E |                  |                                      |
| Township<br>Addison  |                  | County<br>Oakland                    |

NOTE: Eligibility for permits is conditioned upon compliance with the statutes, rules and orders of the Department of Environmental Quality. Permits shall not be transferred to persons not in compliance. A permit for a well shall not be transferred if the permittee is under notice because of unsatisfactory conditions at the well site until compliance is achieved. The acquiring permittee shall attach a current Organization Report (EQP 7200-13). This permit does not convey property rights in either real estate or material nor does it authorize any injury to private property or invasion of private or public rights nor does it waive the necessity of seeking federal and local permits or complying with other state statutes.

## TRANSFER OF A PERMIT FROM:

|  |                                  |
|--|----------------------------------|
| Name(s) of Selling Permittee(s)<br>Onco Petroleum USA, Inc.  | Fed. I.D.# or S.S.#<br>134280793 |
| Address: Number and Street, City or Town, State, ZIP Code Telephone<br>301 E. First St., Ste. 300, Imlay City, MI 48444-1311 |                                  |
| All permits rights and responsibilities are discharged by:   |                                  |
| Permittee  | Authorized representative name   |
| Permittee  | Authorized representative name   |
| Permittee  | Authorized representative name   |

## TRANSFER OF A PERMIT TO:

|  |  |
|--|--|
| Name(s) of Acquiring Permittee(s)<br>Energen Petroleum (USA) LLC   | Fed. I.D.# or S.S.#<br>98-1088967                |
| Address: Number and Street, City or Town, State, ZIP Code Telephone<br>106 East Ash. Mason. Michigan. 48854  |  |
| 519-252-1800   |  |
| (We are) (I am) an owner or authorized representative of the owner of the well under this permit and assume full responsibility for the drilling, operation, and abandonment in conformity with the law, regulations and orders. |  |
| BOND: <input checked="" type="checkbox"/> Single Well <input type="checkbox"/> Attached Surety or Bank <u>Commerica Bank</u>   |  |
| <input checked="" type="checkbox"/> Blanket <input type="checkbox"/> On File Bond Number <u>3851-1120281-3</u> Amount <u>\$25,000.00</u>   |  |
| <input type="checkbox"/> Statement of Financial Responsibility   |  |
| All permittee rights and responsibilities are assumed by:  |  |
| Energen Petroleum (USA) LLC<br>Permittee   | Peter Bilodeau<br>Authorized representative name |
| Permittee  | Authorized representative name                   |
| Permittee  | Authorized representative name                   |

## FOR DEPARTMENT OF ENVIRONMENTAL QUALITY USE ONLY

|           |           |   |
|-----------|-----------|---|
| Approved  | 2/19/2013 | Distribution by DEQ   |
| Signature | Date      | <input type="checkbox"/> Lansing <input type="checkbox"/> Selling Owner |
|           |           | <input type="checkbox"/> Field <input type="checkbox"/> Acquiring Owner |



## ACCEPTANCE OF CERTIFICATE OF DEPOSIT AS SINGLE WELL CONFORMANCE BOND

By authority of Part 615, Supervisor of Wells, Act 451 PA 1994, as amended.

## CERTIFICATE OF DEPOSIT REQUIREMENTS FOR OIL WELL BONDS

To the financial institution: The financial institution will supply its own Certificate of Deposit (CD). By signature below, the bank's issuing officer certifies that the Certificate has been issued according to the following requirements:

1. The CD must be in the sole name of: State of Michigan, Supervisor of Wells, Department of Environmental Quality. No other name may be connected with the certificate as beneficiary, payee, in care of, joint tenant, etc.
2. The account should show the State of Michigan Federal Tax Identification Number 38-6000134 and no other.
3. In order to comply with the USA Patriot Act, authorized delegates of the Supervisor of Wells can sign and return signature cards or account cards if delivered to them. However, Department employees cannot furnish their Social Security number. An alternative identification number such as employee identification number must be utilized. The customer shall not sign signature cards or account cards.
4. The maturity date shall not be less than one (1) year. The certificate shall be automatically renewable.
5. Interest must be paid by check at maturity. The interest will be returned to the permittee by the Department.
6. The Department will report interest earned on the certificate to the IRS under the applicant's Federal ID Number.
7. Your financial institution must provide 1099-INT for interest earned on this certificate. All statements should be sent to the address below.
8. The Department of Environmental Quality is the sole beneficiary of the account. Redemption and disposition is to be authorized exclusively by the Department through written instructions on Department letterhead.
9. All customer documents relating to the CD should be provided to the Department.
10. Questions regarding these requirements may be addressed to Permits and Bonding Unit at (517) 241-1528.

## FINANCIAL INSTITUTION CERTIFICATION

"I state that Certificate of Deposit # 3851-1120281-3 issued by Comerica Bank has been issued according to the instructions listed above."

Issuing officer's name Sharon R Taylor

Address of financial institution

Title Vice PresidentSignature Sharon R TaylorDate 02/12/13

## ACCEPTANCE OF CERTIFICATE OF DEPOSIT AS CONFORMANCE BOND

To the permittee: Fill in the blanks below with the permittee's name, Certificate of Deposit (CD) number, CD amount, bank name, and well name and number. Sign and date where indicated. By signature below, the parties accept the following agreement:

It is agreed between the State of Michigan, Department of Environmental Quality and ENERGEX  
PETROLEUM (USA) LLC hereafter the permittee, that Certificate of,

Deposit # 385111202813 in the amount of \$ 25,000, issued by COMERICA  
BANK

In the name of and for the benefit of the State of Michigan, Supervisor of Wells, Department of Environmental Quality, is accepted as a conformance bond required by PART 615 SUPERVISOR OF WELLS, 1994 PA 451, as amended, Section 324.61506(p) for the well known as PERMIT #32366

LANDHAR, Melvin F 2-12 and shall be available to the State of Michigan for all purposes for which the bond is required. It is the express intent of the parties that the Certificate of Deposit is a substitute for the filing of a conformance bond. It is further agreed that the Certificate of Deposit is subject to forfeiture, claim or return in like manner as a conformance bond. The permittee retains the right to any and all interest accruing to the Certificate of Deposit.

Permittee

By [Signature]

Permittee's Authorized Signature

Date Feb 12/13

Michigan Department of Environmental Quality

By [Signature]

DEQ Authorized Signature

Date 2/19/13Permittee's Federal ID Number 98-1088967

Enclose with CD and submit to: Office of Oil, Gas, and Minerals, Michigan Department of Environmental Quality,  
P.O. Box 30256, Lansing, MI 48909-7756.





## MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - OFFICE OF GEOLOGICAL SURVEY

## REQUEST FOR TRANSFER OF PERMIT

Required by authority of Part 615 Supervisor of Wells or Part 625 Mineral Wells, Act 451 PA 1994 as amended. Non-submission and/or falsification of this information may result in fines and/or imprisonment.

☒ Part 615 Oil/Gas Well☐ Part 625 Mineral Well

|  |                  |                                      |
|--|------------------|--------------------------------------|
| Permit number<br>32541   | Well type<br>Oil | Current true vertical depth<br>4355' |
| Well name and number<br>Lanphar, Melvin F 3-12                 |                  |                                      |
| Surface location<br>NW 1/4 NE 1/4 SE 1/4 Section 12 T 5N R 11E |                  |                                      |
| Township<br>Addison  |                  | County<br>Oakland                    |

NOTE: Eligibility for permits is conditioned upon compliance with the statutes, rules and orders of the Department of Environmental Quality. Permits shall not be transferred to persons not in compliance. A permit for a well shall not be transferred if the permittee is under notice because of unsatisfactory conditions at the well site until compliance is achieved. The acquiring permittee shall attach a current Organization Report (EQP 7200-13). This permit does not convey property rights in either real estate or material nor does it authorize any injury to private property or invasion of private or public rights nor does it waive the necessity of seeking federal and local permits or complying with other state statutes.

## TRANSFER OF A PERMIT FROM:

|  |                                  |
|--|----------------------------------|
| Name(s) of Selling Permittee(s)<br>Onco Petroleum USA, Inc.  | Fed. I.D.# or S.S.#<br>134280793 |
| Address: Number and Street, City or Town, State, ZIP Code Telephone<br>301 E. First St., Ste. 300, Imlay City, MI 48444-1311 |                                  |
| All permits rights and responsibilities are discharged by:   |                                  |
| Permittee  | Authorized representative name   |
| Signature  | Date                             |
| Permittee  | Authorized representative name   |
| Signature  | Date                             |
| Permittee  | Authorized representative name   |
| Signature  | Date                             |

## TRANSFER OF A PERMIT TO:

|  |  |
|--|--|
| Name(s) of Acquiring Permittee(s):<br>Energen Petroleum (USA) LLC  | Fed. I.D.# or S.S.#<br>98-1088967                |
| Address: Number and Street, City or Town, State, ZIP Code Telephone<br>106 East Ash, Mason, Michigan, 48854 519-252-1800   |  |
| (We are) (I am) an owner or authorized representative of the owner of the well under this permit and assume full responsibility for the drilling, operation, and abandonment in conformity with the law, regulations and orders. |  |
| BOND: <input checked="" type="checkbox"/> Single Well <input type="checkbox"/> Attached Surety or Bank <u>Comerica Bank</u>  |  |
| <input checked="" type="checkbox"/> Blanket <input type="checkbox"/> On File Bond Number <u>3851-1120351-4</u> Amount <u>\$25,000.00</u>   |  |
| <input type="checkbox"/> Statement of Financial Responsibility   |  |
| All permittee rights and responsibilities are assumed by:  |  |
| Energen Petroleum (USA) LLC<br>Permittee   | Peter Bilodeau<br>Authorized representative name |
| Signature  | Date <u>2/19/2013</u>                            |
| Permittee  | Authorized representative name                   |
| Signature  | Date   |
| Permittee  | Authorized representative name                   |
| Signature  | Date   |

## FOR DEPARTMENT OF ENVIRONMENTAL QUALITY USE ONLY

|                             |                       |   |
|-----------------------------|-----------------------|---|
| Approved <u>[Signature]</u> | Date <u>2/19/2013</u> | Distribution by DEQ<br><input type="checkbox"/> Lansing <input type="checkbox"/> Selling Owner<br><input type="checkbox"/> Field <input type="checkbox"/> Acquiring Owner |
| Signature                   |                       |   |



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - OFFICE OF OIL, GAS, AND MINERALS

## ACCEPTANCE OF CERTIFICATE OF DEPOSIT AS SINGLE WELL CONFORMANCE BOND

By authority of Part 615, Supervisor of Wells, Act 451 PA 1994, as amended.

### CERTIFICATE OF DEPOSIT REQUIREMENTS FOR OIL WELL BONDS

To the financial institution: The financial institution will supply its own Certificate of Deposit (CD). By signature below, the bank's issuing officer certifies that the Certificate has been issued according to the following requirements:

1. The CD must be in the sole name of: State of Michigan, Supervisor of Wells, Department of Environmental Quality. No other name may be connected with the certificate as beneficiary, payee, in care of, joint tenant, etc.
2. The account should show the State of Michigan Federal Tax Identification Number 38-6000134 and no other.
3. In order to comply with the USA Patriot Act, authorized delegates of the Supervisor of Wells can sign and return signature cards or account cards if delivered to them. However, Department employees cannot furnish their Social Security number. An alternative identification number such as employee identification number must be utilized. The customer shall not sign signature cards or account cards.
4. The maturity date shall not be less than one (1) year. The certificate shall be automatically renewable.
5. Interest must be paid by check at maturity. The interest will be returned to the permittee by the Department.
6. The Department will report interest earned on the certificate to the IRS under the applicant's Federal ID Number.
7. Your financial institution must provide 1099-INT for interest earned on this certificate. All statements should be sent to the address below.
8. The Department of Environmental Quality is the sole beneficiary of the account. Redemption and disposition is to be authorized exclusively by the Department through written instructions on Department letterhead.
9. All customer documents relating to the CD should be provided to the Department.
10. Questions regarding these requirements may be directed to the Compliance and Reporting Unit at (517) 241-1526.

### FINANCIAL INSTITUTION CERTIFICATION

"I state that Certificate of Deposit # 3851-1120351-4 issued by Comerica Bank, has been issued according to the instructions listed above."

Issuing officer's name Sharon R Taylor

Address of financial institution

Title Vice President

Signature Sharon R Taylor

Date 02/12/13

### ACCEPTANCE OF CERTIFICATE OF DEPOSIT AS CONFORMANCE BOND

To the permittee: Fill in the blanks below with the permittee's name, Certificate of Deposit (CD) number, CD amount, bank name, and well name and number. Sign and date where indicated. By signature below, the parties accept the following agreement:

It is agreed between the State of Michigan, Department of Environmental Quality and ENERGEX  
PETROLEUM (USA) LLC hereafter the permittee, that Certificate of,

Deposit # 385111203514 in the amount of \$ 25.000, issued by COMERICA  
BANK

in the name of and for the benefit of the State of Michigan, Supervisor of Wells, Department of Environmental Quality, is accepted as a conformance bond required by PART 615 SUPERVISOR OF WELLS, 1994 PA 451, as amended, Section 324.61506(p) for the well known as PERMIT #32541

LANPHAR, MELVIN F 3-12 and shall be available to the State of Michigan for all purposes for which the bond is required. It is the express intent of the parties that the Certificate of Deposit is a substitute for the filing of a conformance bond. It is further agreed that the Certificate of Deposit is subject to forfeiture, claim or return in like manner as a conformance bond. The permittee retains the right to any and all interest accruing to the Certificate of Deposit.

Permittee

By [Signature] Permittee's Authorized Signature

Date Feb 12/13

Michigan Department of Environmental Quality

By [Signature] DEQ Authorized Signature

Date 2/19/13

Permittee's Federal ID Number 98-1088967

Enclose with CD and submit to: Office of Oil, Gas, and Minerals, Michigan Department of Environmental Quality, P.O. Box 30256, Lansing, MI 48909-7756.



## MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - OFFICE OF GEOLOGICAL SURVEY

## REQUEST FOR TRANSFER OF PERMIT

Required by authority of Part 615 Supervisor of Wells or Part 625 Mineral Wells, Act 451 PA 1994 as amended. Non-submission and/or falsification of this information may result in fines and/or imprisonment.

☒ Part 615 Oil/Gas Well☐ Part 625 Mineral Well

|  |                  |                                      |
|--|------------------|--------------------------------------|
| Permit number<br>39257   | Well type<br>Oil | Current true vertical depth<br>4390' |
| Well name and number<br>Lanphar, Melvin F 7-12                 |                  |                                      |
| Surface location<br>SE 1/4 NW 1/4 SE 1/4 Section 12 T 5N R 11E |                  |                                      |
| Township<br>Addison  |                  | County<br>Oakland                    |

NOTE: Eligibility for permits is conditioned upon compliance with the statutes, rules and orders of the Department of Environmental Quality. Permits shall not be transferred to persons not in compliance. A permit for a well shall not be transferred if the permittee is under notice because of unsatisfactory conditions at the well site until compliance is achieved. The acquiring permittee shall attach a current Organization Report (EQP 7200-13). This permit does not convey property rights in either real estate or material nor does it authorize any injury to private property or invasion of private or public rights nor does it waive the necessity of seeking federal and local permits or complying with other state statutes.

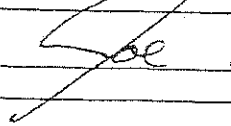
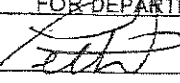
## TRANSFER OF A PERMIT FROM:

|   |                                  |
|---|----------------------------------|
| Name(s) of Selling Permittee(s)<br>Onco Petroleum USA, Inc.   | Fed. I.D.# or S.S.#<br>134280793 |
| Address: Number and Street, City or Town, State, ZIP Code Telephone<br>301 E. First St., Ste. 300, Imlay City, MI 4844-1311 |                                  |
| All permits rights and responsibilities are discharged by:  |                                  |
| Permittee   | Authorized representative name   |
| Permittee   | Authorized representative name   |
| Permittee   | Authorized representative name   |

## TRANSFER OF A PERMIT TO:

|  |  |
|--|--|
| Name(s) of Acquiring Permittee(s):<br>Enerdex Petroleum (USA) LLC  | Fed. I.D.# or S.S.#<br>98-1088967                |
| Address: Number and Street, City or Town, State, ZIP Code Telephone<br>106 East Ash, Mason, Michigan, 48854  |  |
| (We are) (I am) an owner or authorized representative of the owner of the well under this permit and assume full responsibility for the drilling, operation, and abandonment in conformity with the law, regulations and orders. |  |
| BOND: <input checked="" type="checkbox"/> Single Well <input type="checkbox"/> Attached Surety or Bank <u>Comerica Bank</u>  |  |
| <input checked="" type="checkbox"/> Blanket <input type="checkbox"/> On File Bond Number <u>3851-112 0352-2</u> Amount <u>\$25,000.00</u>  |  |
| <input type="checkbox"/> Statement of Financial Responsibility   |  |
| All permittee rights and responsibilities are assumed by:  |  |
| Energex Petroleum (USA) LLC<br>Permittee   | Peter Bilodeau<br>Authorized representative name |
| Permittee  | Authorized representative name                   |
| Permittee  | Authorized representative name                   |

## FOR DEPARTMENT OF ENVIRONMENTAL QUALITY USE ONLY

|  |   |           |   |
|--|---|-----------|---|
| Approved  |  | 2/19/2013 | Distribution by DEQ<br><input type="checkbox"/> Lansing <input type="checkbox"/> Selling Owner<br><input type="checkbox"/> Field <input type="checkbox"/> Acquiring Owner |
| Signature  |   | Date      |   |



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - OFFICE OF OIL, GAS, AND MINERALS

## ACCEPTANCE OF CERTIFICATE OF DEPOSIT AS SINGLE WELL CONFORMANCE BOND

By authority of Part 615, Supervisor of Wells, Act 451 PA 1994, as amended.

### CERTIFICATE OF DEPOSIT REQUIREMENTS FOR OIL WELL BONDS

To the financial institution: The financial institution will supply its own Certificate of Deposit (CD). By signature below, the bank's issuing officer certifies that the Certificate has been issued according to the following requirements:

1. The CD must be in the sole name of: State of Michigan, Supervisor of Wells, Department of Environmental Quality. No other name may be connected with the certificate as beneficiary, payee, in care of, joint tenant, etc.
2. The account should show the State of Michigan Federal Tax Identification Number 38-6000134 and no other.
3. In order to comply with the USA Patriot Act, authorized delegates of the Supervisor of Wells can sign and return signature cards or account cards if delivered to them. However, Department employees cannot furnish their Social Security number. An alternative identification number such as employee identification number must be utilized. The customer shall not sign signature cards or account cards.
4. The maturity date shall not be less than one (1) year. The certificate shall be automatically renewable.
5. Interest must be paid by check at maturity. The interest will be returned to the permittee by the Department.
6. The Department will report interest earned on the certificate to the IRS under the applicant's Federal ID Number.
7. Your financial institution must provide 1099-INT for interest earned on this certificate. All statements should be sent to the address below.
8. The Department of Environmental Quality is the sole beneficiary of the account. Redemption and disposition is to be authorized exclusively by the Department through written instructions on Department letterhead.
9. All customer documents relating to the CD should be provided to the Department.
10. Questions regarding these requirements may be addressed to Permits and Bonding Unit at (517) 241-1528.

### FINANCIAL INSTITUTION CERTIFICATION

"I state that Certificate of Deposit # 3851-1120283-9 issued by Comerica Bank has been issued according to the instructions listed above."

Issuing officer's name Sharon R Taylor

Address of financial institution

Title Vice President

Signature Sharon R Taylor

Date 02/12/13

### ACCEPTANCE OF CERTIFICATE OF DEPOSIT AS CONFORMANCE BOND

To the permittee: Fill in the blanks below with the permittee's name, Certificate of Deposit (CD) number, CD amount, bank name, and well name and number. Sign and date where indicated. By signature below, the parties accept the following agreement:

It is agreed between the State of Michigan, Department of Environmental Quality and ENERGEX  
PETROLEUM (USA) LLC hereafter the permittee, that Certificate of,

Deposit # 385111202839 in the amount of \$ 25,000.00, issued by COMERICA  
BANK

in the name of and for the benefit of the State of Michigan, Supervisor of Wells, Department of Environmental Quality, is accepted as a conformance bond required by PART 615 SUPERVISOR OF WELLS, 1994 PA 451, as amended, Section 324.61506(p) for the well known as PERMIT # 32579

MORRIS 4-12 and shall be available to the State of Michigan for all purposes for which the bond is required. It is the express intent of the parties that the Certificate of Deposit is a substitute for the filing of a conformance bond. It is further agreed that the Certificate of Deposit is subject to forfeiture, claim or return in like manner as a conformance bond. The permittee retains the right to any and all interest accruing to the Certificate of Deposit.

Permittee

By [Signature]

Permittee's Authorized Signature

Date Feb 12/13

Michigan Department of Environmental Quality

By [Signature]

DEQ Authorized Signature

Date 2/19/13

Permittee's Federal ID Number 98-1088967

Enclose with CD and submit to: Office of Oil, Gas, and Minerals, Michigan Department of Environmental Quality, P.O. Box 30256, Lansing, MI 48909-7756.



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
LANSING



DAN WYANT  
DIRECTOR

February 4, 2014

Mr. Peter Bilodeau  
Energex Petroleum (USA), L.L.C.  
2105 Victoria Avenue  
Windsor, Ontario N8X 1P8

Dear Mr. Bilodeau:

SUBJECT: TRANSFER OF PERMIT APPROVAL

The Department of Environmental Quality, Office of Oil, Gas, and Minerals (OOGM), approved your request for transfer of permit pursuant to Part 615, Supervisor of Wells, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, for the following permits:

| Well Name & Number | Permit Number | Township | County    |
|--------------------|---------------|----------|-----------|
| Stoltz 2-24        | 24616         | Columbus | St. Clair |
| Marcinkiewicz 2-24 | 24615         | Columbus | St. Clair |
| Ross Unit 1-31     | 30518         | Bruce    | Macomb    |
| Jones Unit 1-30    | 29994         | Bruce    | Macomb    |

The bond and permit records have been updated. A copy of the approved transfer request is enclosed.

If you have any questions, please contact me by phone at 517-284-6837, by e-mail at [pettitj@michigan.gov](mailto:pettitj@michigan.gov), or by mail at Department of Environmental Quality, Office of Oil, Gas, and Minerals, P.O. Box 30256, Lansing, Michigan 48909.

Sincerely,

Joe Pettit  
Permitting and Technical Services Section  
Office of Oil, Gas, and Minerals

Enclosure

cc: Mr. Jack Lanigan, DEQ  
Mr. Lou Schineman, DEQ



## MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - OFFICE OF GEOLOGICAL SURVEY

## REQUEST FOR TRANSFER OF PERMIT

Required by authority of Part 615 Supervisor of Wells or Part 625 Mineral Wells, Act 451 PA 1994 as amended. Non-submission and/or falsification of this information may result in fines and/or imprisonment.

☒ Part 615 Oil/Gas Well☐ Part 625 Mineral Well

|  |                          |                                      |
|--|--------------------------|--------------------------------------|
| Permit number<br>29994   | Well type<br>Natural Gas | Current true vertical depth<br>4025' |
| Well name and number<br>Jones Unit 1-30                        |                          |                                      |
| Surface location<br>SE 1/4 SW 1/4 SW 1/4 Section 30 T 5N R 12E |                          |                                      |
| Township<br>Bruce  |                          | County<br>Macomb                     |

NOTE: Eligibility for permits is conditioned upon compliance with the statutes, rules and orders of the Department of Environmental Quality. Permits shall not be transferred to persons not in compliance. A permit for a well shall not be transferred if the permittee is under notice because of unsatisfactory conditions at the well site until compliance is achieved. The acquiring permittee shall attach a current Organization Report (EQP 7200-13)  
This permit does not convey property rights in either real estate or material nor does it authorize any injury to private property or invasion of private or public rights nor does it waive the necessity of seeking federal and local permits or complying with other state statutes.

## TRANSFER OF A PERMIT FROM:

|  |                                  |           |      |
|--|----------------------------------|-----------|------|
| Name(s) of Selling Permittee(s)<br>Onco Petroleum USA, Inc.  | Fed. I.D.# or S.S.#<br>134280793 |           |      |
| Address: Number and Street, City or Town, State, ZIP Code Telephone<br>301 E. First St., Ste. 300, Imlay City, MI 48444-1311 |                                  |           |      |
| All permits rights and responsibilities are discharged by:   |                                  |           |      |
| Permittee  | Authorized representative name   | Signature | Date |
| Permittee  | Authorized representative name   | Signature | Date |
| Permittee  | Authorized representative name   | Signature | Date |

## TRANSFER OF A PERMIT TO:

|   |  |               |                         |
|---|--|---------------|-------------------------|
| Name(s) of Acquiring Permittee(s):<br>Enerqex Petroleum (USA) LLC   | Fed. I.D.# or S.S.#<br>98-1088967                |               |                         |
| Address: Number and Street, City or Town, State, ZIP Code Telephone<br>2105 Victoria Ave., Windsor, Ontario N8X 1P8   |  |               |                         |
| Telephone<br>519-252-1800   |  |               |                         |
| (We are) (I am) an owner or authorized representative of the owner of the well under this permit and assume full responsibility for the drilling, operation, and abandonment in conformity with the law, regulations and orders.  |  |               |                         |
| BOND: <input type="checkbox"/> Single Well <input type="checkbox"/> Attached Surety or Bank <u>Comerica Bank</u><br><input checked="" type="checkbox"/> Blanket <input type="checkbox"/> On File Bond Number _____ Amount _____<br><input type="checkbox"/> Statement of Financial Responsibility |  |               |                         |
| All permittee rights and responsibilities are assumed by:   |  |               |                         |
| Enerqex Petroleum (USA) LLC<br>Permittee  | Peter Bilodeau<br>Authorized representative name | <br>Signature | <u>Jan 8/14</u><br>Date |
| Permittee   | Authorized representative name                   | Signature     | Date                    |
| Permittee   | Authorized representative name                   | Signature     | Date                    |

## FOR DEPARTMENT OF ENVIRONMENTAL QUALITY USE ONLY

|                       |                       |   |
|-----------------------|-----------------------|---|
| Approved<br>Signature | <u>2/3/14</u><br>Date | Distribution by DEQ<br><input type="checkbox"/> Lansing <input type="checkbox"/> Selling Owner<br><input type="checkbox"/> Field <input type="checkbox"/> Acquiring Owner |
|-----------------------|-----------------------|---|

**REQUEST FOR TRANSFER OF PERMIT**

Required by authority of Part 615 Supervisor of Wells or Part 625 Mineral Wells, Act 451 PA 1994 as amended. Non-submission and/or falsification of this information may result in fines and/or imprisonment.

☒ Part 615 Oil/Gas Well☐ Part 625 Mineral Well

|  |                  |                                      |
|--|------------------|--------------------------------------|
| Permit number<br>30518   | Well type<br>Gas | Current true vertical depth<br>3903' |
| Well name and number<br>Ross, Lorne Unit 1-31                  |                  |                                      |
| Surface location<br>SE 1/4 SW 1/4 NW 1/4 Section 31 T 5N R 12E |                  |                                      |
| Township<br>Bruce  |                  | County<br>Macomb                     |

NOTE: Eligibility for permits is conditioned upon compliance with the statutes, rules and orders of the Department of Environmental Quality. Permits shall not be transferred to persons not in compliance. A permit for a well shall not be transferred if the permittee is under notice because of unsatisfactory conditions at the well site until compliance is achieved. The acquiring permittee shall attach a current Organization Report (EQP 7200-13)  
This permit does not convey property rights in either real estate or material nor does it authorize any injury to private property or invasion of private or public rights nor does it waive the necessity of seeking federal and local permits or complying with other state statutes.

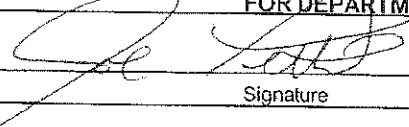
**TRANSFER OF A PERMIT FROM:**

|  |                                  |
|--|----------------------------------|
| Name(s) of Selling Permittee(s)<br>Onco Petroleum USA, Inc.  | Fed. I.D.# or S.S.#<br>134280993 |
| Address: Number and Street, City or Town, State, ZIP Code Telephone<br>301 E. First St. Ste. 300<br>Imlay City MI<br>4844-1311 |                                  |
| All permits rights and responsibilities are discharged by:   |                                  |
| Permittee  | Authorized representative name   |
| Permittee  | Authorized representative name   |
| Permittee  | Authorized representative name   |

**TRANSFER OF A PERMIT TO:**

|   |  |
|---|--|
| Name(s) of Acquiring Permittee(s):<br>Energen Petroleum (USA) LLC   | Fed. I.D.# or S.S.#<br>98-1088967                |
| Address: Number and Street, City or Town, State, ZIP Code Telephone<br>2105 Victoria Ave., Windsor, Ontario N8X 1P8<br>519-252-1800   |  |
| (We are) (I am) an owner or authorized representative of the owner of the well under this permit and assume full responsibility for the drilling, operation, and abandonment in conformity with the law, regulations and orders.  |  |
| BOND: <input type="checkbox"/> Single Well <input type="checkbox"/> Attached Surety or Bank <u>Commerica Bank</u><br><input checked="" type="checkbox"/> Blanket <input type="checkbox"/> On File Bond Number _____<br><input type="checkbox"/> Statement of Financial Responsibility |  |
| All permittee rights and responsibilities are assumed by:   |  |
| Energen Petroleum (USA) LLC<br>Permittee  | Peter Bilodeau<br>Authorized representative name |
| Permittee   | Authorized representative name                   |
| Permittee   | Authorized representative name                   |

**FOR DEPARTMENT OF ENVIRONMENTAL QUALITY USE ONLY**

|  |                    |   |
|--|--------------------|---|
| Approved  | Date <u>2/3/14</u> | Distribution by DEQ<br><input type="checkbox"/> Lansing <input type="checkbox"/> Selling Owner<br><input type="checkbox"/> Field <input type="checkbox"/> Acquiring Owner |
|--|--------------------|---|

**REQUEST FOR TRANSFER OF PERMIT**

Required by authority of Part 615 Supervisor of Wells or Part 625 Mineral Wells, Act 451 PA 1994 as amended. Non-submission and/or falsification of this information may result in fines and/or imprisonment.

☒ Part 615 Oil/Gas Well☐ Part 625 Mineral Well

|  |                  |                                      |
|--|------------------|--------------------------------------|
| Permit number<br>24615   | Well type<br>Oil | Current true vertical depth<br>2913' |
| Well name and number<br>Marcinkiewicz, Eugene J 2-24           |                  |                                      |
| Surface location<br>NW 1/4 NE 1/4 SE 1/4 Section 24 T 5N R 15E |                  |                                      |
| Township<br>Columbus   |                  | County<br>St. Clair                  |

NOTE: Eligibility for permits is conditioned upon compliance with the statutes, rules and orders of the Department of Environmental Quality. Permits shall not be transferred to persons not in compliance. A permit for a well shall not be transferred if the permittee is under notice because of unsatisfactory conditions at the well site until compliance is achieved. The acquiring permittee shall attach a current Organization Report (EQP 7200-13)  
This permit does not convey property rights in either real estate or material nor does it authorize any injury to private property or invasion of private or public rights nor does it waive the necessity of seeking federal and local permits or complying with other state statutes.

**TRANSFER OF A PERMIT FROM:**

|   |                                  |
|---|----------------------------------|
| Name(s) of Selling Permittee(s)<br>Onco Petroleum USA, Inc.   | Fed. I.D.# or S.S.#<br>134280893 |
| Address: Number and Street, City or Town, State, ZIP Code Telephone<br>301 E. First St. Ste 300,<br>Imlay City MI<br>484-1311 |                                  |
| All permits rights and responsibilities are discharged by:  |                                  |
| Permittee   | Authorized representative name   |
| Permittee   | Authorized representative name   |
| Permittee   | Authorized representative name   |

**TRANSFER OF A PERMIT TO:**

|  |   |
|--|---|
| Name(s) of Acquiring Permittee(s):<br>Energen Petroleum (USA) LLC  | Fed. I.D.# or S.S.#<br>98-1088967               |
| Address: Number and Street, City or Town, State, ZIP Code Telephone<br>2105 Victoria Ave., Windsor, Ontario N8X 1P8<br>519-252-1800  |   |
| (We are) (I am) an owner or authorized representative of the owner of the well under this permit and assume full responsibility for the drilling, operation, and abandonment in conformity with the law, regulations and orders. |   |
| BOND: <input type="checkbox"/> Single Well <input type="checkbox"/> Attached Surety or Bank <u>Commerica Bank</u>  |   |
| <input checked="" type="checkbox"/> Blanket <input type="checkbox"/> On File Bond Number _____ Amount _____  |   |
| <input type="checkbox"/> Statement of Financial Responsibility   |   |
| All permittee rights and responsibilities are assumed by:  |   |
| Energen Petroleum (USA) LLC<br>Permittee   | Peer Bilodeau<br>Authorized representative name |
| Permittee  | Authorized representative name                  |
| Permittee  | Authorized representative name                  |

**FOR DEPARTMENT OF ENVIRONMENTAL QUALITY USE ONLY**

|  |                       |   |
|--|-----------------------|---|
| Approved <u>[Signature]</u><br>Signature | <u>2/3/14</u><br>Date | Distribution by DEQ<br><input type="checkbox"/> Lansing <input type="checkbox"/> Selling Owner<br><input type="checkbox"/> Field <input type="checkbox"/> Acquiring Owner |
|--|-----------------------|---|





Required by authority of Part 615 Supervisor of Wells or Part 625 Mineral Wells, Act 451 PA 1994 as amended. Non-submission and/or falsification of this information may result in fines and/or imprisonment.

☐ Part 625 Mineral Well

|  |                  |                                      |
|--|------------------|--------------------------------------|
| Permit number<br>24616   | Well type<br>Oil | Current true vertical depth<br>2914' |
| Well name and number<br>Stoltz, J. Grant 2-24                  |                  |                                      |
| Surface location<br>NW 1/4 SW 1/4 SE 1/4 Section 24 T 5N R 15E |                  |                                      |
| Township<br>Columbus   |                  | County<br>St. Clair                  |

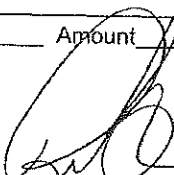
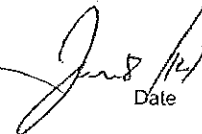
|  |           |
|--|-----------|
| Columbus   | St. Clair |
| <p>NOTE: Eligibility for permits is conditioned upon compliance with the statutes, rules and orders of the Department of Environmental Quality. Permits shall not be transferred to persons not in compliance. A permit for a well shall not be transferred if the permittee is under notice because of unsatisfactory conditions at the well site until compliance is achieved. The acquiring permittee shall attach a current Organization Report (EQP 7200-13)</p> <p>This permit does not convey property rights in either real estate or material nor does it authorize any injury to private property or invasion of private or public rights nor does it waive the necessity of seeking federal and local permits or complying with other state statutes.</p> |           |

TRANSFER OF A PERMIT FROM:

|   |                                |                     |      |
|---|--------------------------------|---------------------|------|
| Name(s) of Selling Permittee(s)                                     |                                | Fed. I.D.# or S.S.# |      |
| Onco Petroleum USA, Inc.  |                                | 134280893           |      |
| Address: Number and Street, City or Town, State, ZIP Code Telephone |                                |                     |      |
| 310 E. First St. Ste. 300   |                                |                     |      |
| Imlay City MI   |                                |                     |      |
| 484-1311  |                                |                     |      |
| All permits rights and responsibilities are discharged by:          |                                |                     |      |
| Permittee   | Authorized representative name | Signature           | Date |
| Permittee   | Authorized representative name | Signature           | Date |
| Permittee   | Authorized representative name | Signature           | Date |

TRANSFER OF A PERMIT TO:

|   |  |  |  |
|---|--|--|--|
| Name(s) of Acquiring Permittee(s):  |  | Fed. I.D.# or S.S.#                              |  |
| Energex Petroleum (USA) LLC   |  |  |  |
| Address: Number and Street, City or Town, State, ZIP Code   |  | Telephone  |  |
| 2105 Victoria Ave. Windsor. Ontario N8X 1P8   |  | 519-252-1800                                     |  |
| (We are) (I am) an owner or authorized representative of the owner of the well under this permit and assume full responsibility for the drilling, operation, and abandonment in conformity with the law, regulations and orders.  |  |  |  |
| BOND: <input type="checkbox"/> Single Well <input type="checkbox"/> Attached      Surety or Bank <u>Commerica Bank</u><br><input checked="" type="checkbox"/> Blanket <input type="checkbox"/> On File        Bond Number      _____ Amount _____<br><input type="checkbox"/> Statement of Financial Responsibility |  |  |  |
| All permittee rights and responsibilities are assumed by:   |  |  |  |
| Energex Petroleum (USA) LLC<br>Permittee  |  | Peter Bilodeau<br>Authorized representative name |  |
| _____<br>Permittee  |  | _____<br>Authorized representative name          |  |
| _____<br>Permittee  |  | _____<br>Authorized representative name          |  |
| _____<br>Permittee  |  | _____<br>Authorized representative name          |  |

FOR DEPARTMENT OF ENVIRONMENTAL QUALITY USE ONLY

| FOR DEPARTMENT OF ENVIRONMENTAL QUALITY USE ONLY                                     |  |   |
|--|--|---|
| Approved _____<br><div style="text-align: center; margin-top: 10px;">Signature</div> | _____<br><div style="text-align: center; margin-top: 10px;">Date</div> | Distribution by DEQ<br><input type="checkbox"/> Lansing <input type="checkbox"/> Selling Owner<br><input type="checkbox"/> Field <input type="checkbox"/> Acquiring Owner |

